Mississippi Secretary of State

ADMINISTRATIVE PROCED		P. O. Box 136, Jackson, MS 39 G	205-0136	
AGENCY NAME Mississippi State Board of Public Accountancy		CONTACT PERSON Ransom C. Jones, Executive Director	TELEPHONE NUMBER 601-354-7320	
5 Old River Place, Suite 104		Jackson Jackson	MS ZIP 39202	
EMAIL executivedirector@msbpa. ms.gov	SUBMIT DATE 09/16/2016	Name or number of rule(s): Board of Public Accountancy Title 30, Part 1, Chapter 2, Rules of Professional Conduct, 2.2.1.(a) & 2.2.1.(a)(1) Licenses and Practice Privileges — Requirements- CPA Examination		
Specific legal authority authorizing the pro	'A examination to 120 hours mulgation of rule: Mississip	carned. Also updated the list of accept to Code Annotated § 73-33-5.(f).	ent to current Rule 2.2.1.(a) Change includes revision table accrediting agencies listed in Rule 2.2.1.(a)(1). Part 1, Chapter 2, Rules 2.2.1.(a) & 2.2.1.(a)(1)	
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☐ An oral proceeding is schedule☐ ☐ Presently, an oral proceeding				
If an oral proceeding is not scheduled, an oral proceedin be submitted to the agency contact person at the above of the person(s) making the request; and, if you are an a comment period, written submissions including argume	g must be held if a written request for address within twenty (20) days after gent or attorney, the name, address, e its, data, and views on the proposed r	an oral proceeding is submitted by a political sub- the filing of this notice of proposed rule adoption mail address, and telephone number of the party	division, an agency or ten (10) or more persons. The written request should and should include the name, address, email address, and telephone numb or parties you represent. At any time within the twenty-five (25) day public illng agency.	
ECONOMIC IMPACT STATEMEN	IT:			
Economic impact statement no	ot required for this rule	. Concise summary of	economic impact statement attached.	
Original filing Renewal of effectiveness New romagnetic To be in effect in days Amenomental Effective date: Immediately upon filing Adopti Other (specify): Proposed final 30 days Other (states of the content of th		rule(s) Idment to existing rule(s) Idment to existing rule(s) Id of	FINAL ACTION ON RULES Date Proposed Rule Filed: 8/15/2016 Action taken: X	
Printed name and Title of person Signature of person authorized			ecutive Director_	
OFFICIAL FILING STAMP	DO NOT	WRITE BELOW THIS LINE FICIAL FILING STAMP	OFFICIAL FILING STAMP SEP 1 6 2016 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	Accepted fo	or filing by	Accepted for filing by	

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.